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TRANSMITTAL FORM

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Total Number of Pages in This Submission

	Application Number	10/840,178		
	Filing Date	May 6, 2004		
	First Named Inventor	Roy H. Hammerstedt		
	Art Unit	1744		
	Examiner Name	David A. Redding		
_	Attorney Docket Number	2034-044072		

Date

February 28, 2006

ENCLOSURES (de el elleter en la)									
ENCLOSURES (check all that apply)									
X Fee Transmittal Fe	orm		Drawing(s)			After Allowance Communication to TC			
X Fee Attache	ed	L	icensing-related P	apers		Appeal Communication to Board of Appeals and Interferences			
X Amendment / Rep	oly		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
X After Final			Petition to Convert Provisional Applica			Proprietary Information			
Affidavits/o	declaration(s)		Power of Attorney, Change of Correspo Address			Status Letter			
Extension of Time	e Request	Т	erminal Disclaime	er	x	Other Enclosure(s) (please identify below):			
Express Abandoni	ment Request	R	Request for Refund						
Information Discl	osure Statement		CD, Number of CD	(s)					
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Certified Copy of Document(s)	Priority	Remarks	J						
Response to Missing Parts/ Incomplete Application		Request for Continued Examination (RCE) (1p)							
Response to Missing Parts Under 37 CFR 1.52 or 1.53									
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name The Webb Law Firm									
Signature Ann		fr Min							
Printed Name Ryan J. Miller									
Date	February 28, 2006			Reg. No.	56,236				
CERTIFICATE OF TRANSMISSION / MAILING									

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e Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004. Complete if Known he Consolidated Appropriations Act, 2005 (H.R. 4818) 10/840,178 Application Number TRANSMITTAL Filing Date May 6, 2004 **For FY 2005** First Named Inventor Roy H. Hammerstedt Examiner Name David A. Redding Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1744 2034-044072 TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order None Other (please identify): X Check Credit Card Deposit Account Deposit Account Number: Deposit Account Name X 23-0650 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 300 150 500 250 100 Utility 130 200 100 100 50 65 Design 160 80 Plant 200 100 300 150 600 300 500 250 Reissue 300 150 0 Provisional 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Multiple Dependent Claims Total Claims** Extra Claims Fee (\$) Fee Paid (\$) 25.00 Fee (\$) Fee Paid (\$) 27 -20 or HP =X HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims 0 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee Paid (\$) (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) \$130 fee (no small entity discount) Non-English Specification, Other (e.g., late filing surcharge): Request for Continued Examination (RCE) 395.00 SUBMITTED BY Registration No. 412-471-8815 56,236 Telephone Signature Date February 28, 2006 Name (Print/Type)

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